2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# P98000030538

Entity Name: SIESTA SPINE & SPORT NATURAL HEALING CENTER, INC.

Current Principal Place of Business:

5700 MIDNIGHT PORT ROAD
STE 2
SARASOTA, FL 34242

New Principal Place of Business:

5700 MIDNIGHT PASS ROAD
STE 2
SARASOTA, FL 34242

Current Mailing Address:

5700 MIDNIGHT PORT ROAD
STE 2
SARASOTA, FL 34242

New Mailing Address:

5700 MIDNIGHT PASS ROAD
STE 2
SARASOTA, FL 34242

FEI Number: 65-0828170 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANSKY, ESQ., GLEN R
137 S PARSONS AVE
BRANDON, FL 33511

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SIEGEL, CRAIG
Address: 5700 MIDNIGHT PASS RD
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR CRAIG SIEGEL PD 01/06/2004
Electronic Signature of Signing Officer or Director Date